

105 - 15

Dr. Urquhart,  
James Murray's Royal Asylum  
Perth.

Use of Sedatives in insanity



ENT  
439  
285  
286

## THE USE OF SEDATIVES IN INSANITY.

BY GEO. H. SAVAGE, M.D.,

*Bethlem Royal Hospital.*

THE earliest form of treatment of insanity, after the period when the insane were treated as outcasts or aliens, and as such were either killed or allowed to die of neglect and starvation, was restraint in one form or another ; the chain, the cord, and the whip were the recognised influences which society used to prevent injury to its members, and possibly to allow the sufferer time to recover.

As science, or at any rate as more elaborate therapeutic ideas were developed, the measures used were apparently less forcible, but were in reality as severe, and in many cases more disastrous. Dr. Wilks some years ago, in an address at Birmingham, said that for his part he could not see that there was much difference between knocking a violent patient down with morphine and knocking him down with the fists, and suggested that graduated prize-fighters might be arranged to produce insensibility of varying length and intensity. The asylum world was rather startled later on, when Dr. P. Davies wrote of medicinal restraint, and was inclined to repudiate the charge. I believe that very few medical officers used powerful drugs purely and simply as restraints, yet I am sure many used them as means of controlling, with the hope that quiet being established cure would follow. In this they were neither better nor worse than the physicians who restrained mechanically with the same object in view ; indeed, for my own part, I would rather be bound than narcotised.

Though asylum physicians may have erred very naturally in this direction, I am sure the general practitioner has done so much more, and I fear he will have to continue so to act and err

as long as public feeling is so strong against asylum treatment. In nearly every case one meets the history is the same, sleeplessness and depression are tried to be overcome by opiates, or violence and restlessness are tried to be subdued by powerful sedatives or narcotics. Something must be done to quiet the patient if he is to be treated at home, and in nearly all first attacks of insanity the friends are anxious to avoid the scandal of having a relation sent to an asylum. This being the position of affairs, I feel that though I may protest against the use of these drugs as a rule, I am bound to tell my experience of them, and to give any directions I can for their use, and also to point to such conditions as render them specially likely to be serviceable or noxious.

I may say that as a result of my past experience, I treat patients in Bethlem almost without the use of the more common sedatives, that bromides and morphine, chloral and opium, are very rarely used indeed. Every new sedative has its trial, and so far I have not found one which can in any way be looked upon as a real boon in the treatment either of mental depression or excitement.

In studying the treatment of mental disorders by means of sedatives, I would at the outset say that a very definite idea must be formed as to what you have to treat and what you have to do. I should say that there are first of all two very opposite conditions giving rise to mental disturbances: in one the brain is the chief cause of the disorder, and in many cases the evil is organic decay of this organ. Whether a patient of sixty or seventy be maniacal or melancholic, great care must be taken to support him, and not lower his powers of life. And again in premature decay, such as is seen in general paralysis of the insane, though the patient be wild and violent it must never be forgotten that you have to deal with a tottering edifice, and that severe measures may be rapidly destructive. The early and excited general paralytic is very often easily affected by alcohol, so that I have known a glass of wine make such a one appear to be drunk, and in the same way a slight opiate or a small dose of hyoscyamine may produce serious effects. In true brain decay it is better to avoid any of the stronger sedatives, and rather to use small and repeated doses of the milder ones.

In functional mental disorders, whether due to bodily disease reacting on the mental processes or to perversion of the senses and allied disorders of intellectual processes, the use of narcotics must depend much more upon the general bodily condition than on the mental symptoms. As long as all maniacal excitement is looked upon as mania and treated alike, little or no advance can possibly be made.

Just as in cases of brain decay you must be careful not to begin with too large doses, so in functional disorders you must sometimes not be afraid to give large doses, for in functional disorders of the mind profound impressions produced by therapeutical or accidental circumstances may effect wonders.

The old term alterative has some meaning in these cases, and when I give hyoscyamine in some cases I want to produce a period of stupor, hoping that the nervous processes may start afresh and act along the more accustomed lines. In some functional cases, a whitlow or a toothache, a severe attack of diarrhoea or sickness, may cause relief, and in following this indication I have found a blister or a seton, an emetic or a powerful sedative, may effect a similar result. Let it be fully understood then that I do not believe in treating the symptoms of insanity as if they each had a definite meaning. Sleeplessness may as often be removed by a stimulant as by a narcotic, and I have seen excitement and violence occurring in the early morning relieved more effectually by rum and milk than by morphine.

I fear that this paper is hardly one sufficiently backed by physiological experiments to make it worthy a place in the *Practitioner*, yet as the world is made up of all sorts, perhaps clinical experience may not be without interest as well as use. I would thank my late clinical assistant Dr. Revington for a series of observations made on the more recent sedatives, such as paraldehyde, hypnone, urethane, and bromidia. I have not followed any special classification of remedies in the paper, and therefore have preferred to use the word sedative as connoting less than narcotic.

*Bromide of potassium* alone or combined is supposed to be the strongest remedy we have for nervous excitement. I have a very great belief in it for some cases of restless

excitement. I believe if given it should be given in fairly large doses, say of twenty grains three or four times a day. I find it most useful in young cases belonging to nervous families, especially those who complain of vague uneasy feelings in the head. I believe that in such cases, and in those with sexual perversion of one kind or another, bromide is very useful. I prefer it in these cases alone, but at times it is well to give syrup of the bromide of iron as well. Young men and women who are at times depressed and with impulses to commit suicide or to be violent are well treated by giving twenty to forty grains of bromide at night. As I have said, any tendency to epilepsy may induce one to give this drug, though here again I would say that I have seen harm to the mind develop though the fits have been reduced in number. In fact it does not follow that reduction of fits if they be but few and nocturnal is always desirable.

Bromide nowadays is rarely given alone in cases of insanity, and in most cases of maniacal excitement the bromide is given with an equal quantity of chloral hydrate. I have hardly ever seen a violent case of mania in a young subject benefited by these drugs. In the sleeplessness of the early stage of puerperal insanity it is well to try them, and they may tide over a dangerous time, but if rest be obtained at the expense of appetite for food much more harm than good is done. In patients who have had attacks of insanity of a violent type before and are again unstable, chloral and bromide may be useful, especially if sufficient food be given. I should lay it down as a law that if sufficient food be taken, bromide, or bromide and chloral, may be pushed in cases of mental excitement. In melancholic states I think these drugs are rarely of service, except in some patients suffering from the restlessness of senile melancholia: in the majority the appetite which is bad before becomes worse, and the distaste for food passes into absolute refusal to take any.

As to *chloral* itself I find it hard to be just, for I see so many disastrous results from its abuse that I fear I consider more harm than good has followed its introduction. It is the first thing now taken by the man of intellect who is over-working; it is eagerly sought by the nervous fashionable lady; it is a temporary prop to the drunken, and to the doctor in many cases

it is a means of keeping a troublesome patient quiet. My chief objections to it are that it soon establishes a habit, and that it almost always disturbs digestion. In my experience patients are constantly admitted to Bethlem who at once say, "Doctor, I must have my night draught." I withhold it, and after two or perhaps three terrible days of suffering sleep comes, and with it the delusions which have been almost embalmed by the chloral slowly disappear. I have seen delusions of months thus vanish in a week. Though there is danger with chloral there is aid too to be got from it, and though I do not trust it so fully as some, yet I do believe that in cases of acute delirious mania chloral if given with abundance of food and stimulants will save many from death.

In certain cases, too, of great excitement coming on periodically and with some warnings, chloral given at the time of the threatening in doses of from thirty to forty grains may cause sleep, from which the patient awakes refreshed and free from mania. In some cases of epileptic furor, this drug too is of great service, and I have given it per rectum during the fit in cases in which the fury has always occurred after the cessation of the fit, or on awakening from the post-epileptic coma. Chloral alone in melancholia with sleeplessness is rarely of more than temporary service. It may tide over periods of excitement when some bodily complication is also threatening. It may be given per rectum or by mouth, but it is not well to try to put it in the food as it will be certainly detected, and give rise to suspicion in the insane patient.

*(To be continued.)*

